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Exhibits

- A. SH-R-49 Incident Report, URN 507-17239-1622-058
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- C. Day Shift In-service
- D. Eight Digital Photographs
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COUNTY OF LOS ANGELES

SHERIFF'S DEPARTMENT

A Tradition of Service

DATE: October 21, 2008

OFFICE CORRESPONDENCE

FILE NO. FO2211075

FROM: ERIC B. SMITH, COMMANDER
LEADERSHIP AND TRAINING DIVISION

TO: TODD ROGERS, CAPTAIN
CARSON STATION

SUBJECT: **EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS USE OF
FORCE**

The purpose of this memo is to notify you of the review committee's findings and recommendations concerning the use of force incident which occurred on December 16, 2007.

The Committee met on October 16, 2008 and consisted of me and Commanders Stephen B. Johnson (Custody Operations Division) and Thomas E. Spencer (Detective Division). The Committee determined the use of force by Deputy Mat Taylor # [REDACTED] was within Department policy.

Please advise the deputy of this finding.

EBS:YLW:yw

COUNTY OF LOS ANGELES

SHERIFF'S DEPARTMENT*A Tradition of Service*

DATE: October 21, 2008

OFFICE CORRESPONDENCE

FILE NO. FO2211075

FROM: ERIC B. SMITH, COMMANDER
LEADERSHIP AND TRAINING DIVISION

TO: KARYN MANNIS, CAPTAIN
INTERNAL AFFAIRS BUREAU

SUBJECT: **EXECUTIVE FORCE REVIEW COMMITTEE DISPOSITION:**
DEPUTY MAT TAYLOR # [REDACTED]
CARSON STATION

On December 16, 2007, Deputy Mat Taylor went to a disturbance call. On his arrival, he saw an individual matching the description of one of the disturbing parties. Deputy Taylor exited his car and asked the person if his name was Bruce Lee. The individual became irate and yelled, "My name is Lee Bruce!" Deputy Taylor approached Suspect Bruce and tried to conduct a pat-down search for his safety. As he did so, Suspect Bruce raised his right hand and swiped at Deputy Taylor's microphone mounted on his shirt, knocking it to the ground where it shattered. He then clenched his right hand.

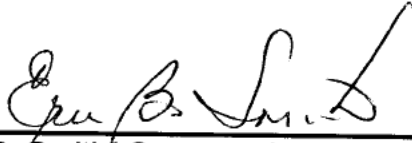
Deputy Taylor was in fear of an assault and struck Suspect Bruce once on the right cheek with his left fist. Deputy Taylor arrested him without incident. After examining x-rays, the doctor saw Suspect Bruce suffered a broken right cheek. Deputy Taylor suffered swelling in his left hand. He was medically treated at UCLA - Harbor Hospital and cleared for booking.

On October 16, 2008 the Executive Force Review Committee convened and conducted a review regarding the facts of this case. The applicable policies that were evaluated by the committee were: MMP §§ 3-01/025.00, Use of Force; 3-01/025.10, Unreasonable Force; and 3-01/050.10, Performance to Standards.

Concerning:

MMP § 3-01/025.00, Use of Force, and MMP § 3-01/025.10, Unreasonable Force, the Committee determined that the force used by Deputy Mat Taylor # [REDACTED] was reasonable and necessary and in compliance with Department policy.

MMP § 3-01/050.10, Performance to Standards, the Committee determined that the tactics employed by Deputy Mat Taylor # [REDACTED] in this incident were within Department Policy.

A handwritten signature in cursive script, appearing to read "Eric B. Smith", written in dark ink.

Eric B. Smith, Commander

EBS:MOT:mt

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

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Incident Information

URN: 5 0 7 - 1 7 2 3 9 - 1 6 2 2 - 0 5 8		Date: 12/16/07	Time: 0720 hrs.
Location:	S. Santa Fe Ave.		City or Station: Carson
Bureau/Station/Facility:	Carson Station		Admin. Investigation: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Type of Force:	Significant, Fractured Orbital		
Deputy Injury: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Suspect Injury YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<input checked="" type="checkbox"/> Call	<input type="checkbox"/> Observation	<input type="checkbox"/> Detail	<input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Vehicle Pursuit
IAB Notified: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Person Notified: Lt. Porlier	Emp: [REDACTED]	IAB Roll Out: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

Involved Employee

E 1	Employee #	Last Name	First Name	Middle Name
	[REDACTED]	Taylor	Mat	A.
Sex:	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	W	Carson Station	164A	
Shift:	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height:	Weight:
<input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM		[REDACTED]	6'01"	230
<input checked="" type="checkbox"/> Injured <input checked="" type="checkbox"/> Treated <input type="checkbox"/> Admitted	Hospital: U.S. Healthworks	Coroner Case #	Directed Force <input type="checkbox"/>	
		n/a	Significant Force <input checked="" type="checkbox"/>	

E	Employee #	Last Name	First Name	Middle Name
Sex:	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	
<input type="checkbox"/> Male <input type="checkbox"/> Female				
Shift:	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height:	Weight:
<input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM				
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted	Hospital:	Coroner Case #	Directed Force <input type="checkbox"/>	
			Significant Force <input type="checkbox"/>	

E	Employee #	Last Name	First Name	Middle Name
Sex:	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	
<input type="checkbox"/> Male <input type="checkbox"/> Female				
Shift:	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height:	Weight:
<input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM				
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted	Hospital:	Coroner Case #	Directed Force <input type="checkbox"/>	
			Significant Force <input type="checkbox"/>	

Additional Involved Employees

On Duty Supervisor						
Emp. #	Last Name	First Name	Middle Name	Rank	Present	Witness to Incident
[REDACTED]	Kelley	Tina	M.	Sgt.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Emp. #	Last Name	First Name	Middle Name	Rank	Present	Witness to Incident
					YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Watch Sergeant

Emp. #	Last Name	First Name	Middle Name
[REDACTED]	Johnson	Dale	R.

Watch Commander

Emp. #	Last Name	First Name	Middle Name
[REDACTED]	Rivero	Eddie	nmn

RODERICK A. KUSCH, LT.

Watch Commander (Print Name)	Watch Commander's Signature:	Emp #:	Date
Sgt. Scott Hill	[REDACTED]		9-18-08
Supervisor Completing Form: (Print Name)	Emp #:	Copy Provided to Employee by:	Emp #:

Unit Commander (Print Name)	Unit Commander's Signature:	Emp #:	Date
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DISCOVERY Use Only
FO#

Supervisor's Report on Use of Force SUSPECT INFORMATION

5 0 7 - 1 7 2 3 9 - 1 6 2 2 - 0 5 8

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S 1

Suspect Information									
Last Name Bruce			First Name Lee			Middle Name Ahmod			
AKA Last Name n/a			First Name			Middle Name			
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: B	Street Address: [REDACTED]			City: [REDACTED]		State & Zip Code: [REDACTED]	
Work Phone: [REDACTED]		Home Phone: [REDACTED]		Age: 23	Height: 6'00"	D.O.B.: 08-30-1984		Weight: 140	Armed? <input type="checkbox"/>
Booking #: 1099142		Primary Charge Code: 243(c)(1) PC			Secondary Charge Code: 422 PC			Criminal History <input type="checkbox"/>	
EMT in attendance? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Name: _____ Unit: _____ Phone #: _____									
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: Harbor General Hospital Coroner Case #: n/a Mental History <input type="checkbox"/>									
By Doctor: Roger Lewis, M.D. Address: 1000 W. Carson Street 90509 Phone #: 310-222-2345									
Under Influence: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Substance: Alcohol Mental Illness <input type="checkbox"/>									

S

Suspect Information									
Last Name			First Name			Middle Name			
AKA Last Name			First Name			Middle Name			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Street Address:			City:		State & Zip Code:	
Work Phone:		Home Phone:		Age:	Height:	D.O.B.:		Weight:	Armed? <input type="checkbox"/>
Booking #:		Primary Charge Code:			Secondary Charge Code:			Criminal History <input type="checkbox"/>	
EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO Name: _____ Unit: _____ Phone #: _____									
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: _____ Coroner Case #: _____ Mental History <input type="checkbox"/>									
By Doctor: _____ Address: _____ Phone #: _____									
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO Substance: _____ Mental Illness: <input type="checkbox"/>									

Suspect Interview									
Date: 12-16-2007		Time: 1500		<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input checked="" type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS			

S

Suspect Information									
Last Name			First Name			Middle Name			
AKA Last Name			First Name			Middle Name			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Street Address:			City:		State & Zip Code:	
Work Phone:		Home Phone:		Age:	Height:	D.O.B.:		Weight:	Armed? <input type="checkbox"/>
Booking #:		Primary Charge Code:			Secondary Charge Code:			Criminal History <input type="checkbox"/>	
EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO Name: _____ Unit: _____ Phone #: _____									
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: _____ Coroner Case #: _____ Mental History <input type="checkbox"/>									
By Doctor: _____ Address: _____ Phone #: _____									
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO Substance: _____ Mental Illness: <input type="checkbox"/>									

Suspect Interview									
Date:		Time:		<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS			

5 0 7 - 1 7 2 3 9 - 1 6 2 2 - 0 5 8

Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

[illegible]

INVESTIGATIVE NARRATIVE

SUSPECT: BRUCE, Lee, DOB 08-30-1984
Bkg. #1099142

**INVOLVED
EMPLOYEE:** TAYLOR, Mat A., Emp. # [REDACTED]
Carson Sheriff's Station

DATE AND TIME: December 16, 2007, 0720 hours

LOCATION: [REDACTED] S. Santa Fe Ave.
Carson, CA 90745

SYNOPSIS:

On December 16, 2007, Deputy Mat Taylor (164A) received a domestic violence radio call, Tag #53 (Refer to Exhibit "A" SH-R-49 Incident and Supplemental Report, URN 507-17239-1622-058). Included in the remarks section of the mobile digital terminal (MDT) was the following information (Refer to Exhibit "B" Incident Record, Tag #53):

*Dispute with [REDACTED] [REDACTED] is in front of location refusing to leave.
Disturbing party is male black (Bruce Lee [sic]) wearing blue and white stripe
jacket and jeans.*

Unit 163A, Deputies Froilan A. Dinco, # [REDACTED] and Arturo M. Lopez, # [REDACTED] were assigned the assist on the call (Refer to Exhibit "C" Day Shift In-service).

Deputy Taylor was the first to arrive at [REDACTED] Santa Fe Avenue. As he drove closer, he saw a male black adult (later identified as Mr. Lee Bruce) wearing a blue and white striped jacket with blue jeans. The individual was standing in the driveway (Refer to Exhibit "D" Photographs "1 & 3"). After looking in Deputy Taylor's direction, Mr. Bruce began walking southbound away from Deputy Taylor.

Deputy Taylor formed the opinion that this individual was the suspect named in the radio call. While still seated in the radio car, Deputy Taylor asked the individual if his name was Bruce Lee. According to Deputy Taylor, Mr. Bruce replied, "My mother fucking name isn't Bruce Lee, it's Lee Bruce."

IAB Note: The name included in the narrative of the radio call was Bruce Lee, (Refer to Exhibit "B" Incident Record, Tag #53).

Deputy Taylor exited his radio car and asked Mr. Bruce to walk toward him. Mr. Bruce complied. As Mr. Bruce drew closer to Deputy Taylor, Deputy Taylor asked Mr. Bruce to remove his hands from his pants pockets. According to Deputy Taylor, Mr. Bruce said, "Why should I take my fucking hands out of my pockets?" Deputy Taylor told Mr. Bruce to relax. Mr. Bruce complied and removed his hands from his pockets. Deputy Taylor told Mr. Bruce he was going to conduct a "pat-down search for weapons."

Deputy Taylor again told Mr. Bruce "to relax." He placed his right hand on Mr. Bruce's left shoulder. Mr. Bruce took a combative stance and stared at Deputy Taylor. He formed a fist with his left hand and according to Deputy Taylor, "grabbed [Deputy Taylor's] radio with his left hand. [He] threw it on the ground and continued to brush [Deputy Taylor] aside. [He] pushed Deputy Taylor's right shoulder away."

The microphone, which was clipped to the top button of Deputy Taylor's shirt fell to the ground and broke apart (refer to Exhibit "D" photographs "5 & 6"). Deputy Taylor said, "After he swiped [his hand at me it] almost looked like he was gonna try and hit me, I just beat him to it." Mr. Bruce tried to "spin away" from Deputy Taylor. Based on Mr. Bruce's combative behavior, Deputy Taylor threw one punch with his left fist. The punch connected with Mr. Bruce's right jaw. Mr. Bruce's legs "buckled" and he collapsed to the ground.

Using the hand-held radio without the damaged microphone, Deputy Taylor requested assistance to his location, regarding a deputy involved in a fight. Deputy Taylor ordered Mr. Bruce to place his hands behind his back. Mr. Bruce complied and he was handcuffed without further incident.

Mr. Bruce was transported to Harbor General Hospital where he was treated for a fractured jaw by emergency-room-physician Dr. Roger Lewis, (Refer to Exhibit "E" Mr. Bruce's medical records and Exhibit "D" photographs "3 & 4" of Mr. Bruce's face). Dr. Lewis stated Mr. Bruce's injury was consistent with Deputy Taylor's statements regarding the punch to Mr. Bruce's face.

Deputy Taylor suffered a bruised left wrist, refer to Employer's Report of Occupational Injury or Illness for further information, file number 507-17237-1622-502.

INTERVIEWS:

Deputy Mat Taylor, # [REDACTED]

Deputy Taylor was interviewed by IAB Sergeant Scott Hill on January 9, 2007, at 0734 hours. The interview was digitally audio recorded.

Deputy Taylor stated had he reached for his Oleoresin Capsicum (OC) spray, it would have given Mr. Bruce the time necessary for him to strike Deputy Taylor with his fist. This is the reason why Deputy Taylor did not deploy OC.

Deputy Taylor's interview was substantially the same as the synopsis of this investigation. For further details regarding Deputy Taylor's interview, refer to the verbatim transcription.

Mr. Lee Bruce

Mr. Bruce declined to make a statement, recorded or otherwise to Sergeant Hill. While Sergeant Hill was at Harbor General Hospital, Mr. Bruce apologized repeatedly to Sergeant Hill for his actions that morning. It should be noted Mr. Bruce's jaw was fractured and he appeared to be suffering from the effects of his injuries. Mr. Bruce was also under the influence of pain medication administered by the hospital staff.

Ms. [REDACTED], FB/ 27, DOB [REDACTED]

Ms. [REDACTED], Mr. Bruce's [REDACTED] [REDACTED] Ms. [REDACTED] had left the location prior to our arrival on January 16, 2007. All other attempts to contact her were unsuccessful.

Ms. [REDACTED] FB/29, DOB [REDACTED]

Ms. [REDACTED] stated although she was home ([REDACTED] [REDACTED] [REDACTED]) at the time of the incident, she didn't see or hear anything. Ms. [REDACTED] interview was not digitally audio recorded.

Mr. [REDACTED], MB28, DOB [REDACTED] and
Ms. [REDACTED], FB20, DOB [REDACTED]

Both Mr. [REDACTED] and Ms. [REDACTED] were home ([REDACTED] [REDACTED] [REDACTED]). Neither saw or heard anything. Their interviews were not digitally audio recorded.

The address at [REDACTED] was checked for witnesses. Nobody was home.